

ILLINOIS COMMERCE COMMISSION SECTION 5-117 SUPPLIER DIVERSITY REPORT FOR NEWLY IMPACTED ENTITIES FORM

2018 Report

1.	Name of Entity: Grand Tower Energy Center, LLC			
2.	Business Address: 1820 Power Plant Road, Grand Tower, IL			
3.	Business Address in Illinois (if different):			
4.	Person Responsible for Preparation of Report / Title: Chris Norris, Plant Manager			
5.	Type of Entity (check as many as apply):			
	☐ Distribution			
	☑ Generation:			
	☐ Nuclear ☐ Hydroelectric ☐ Solar ☐ Wind ☒ Other			
	☐ Alternative Supplier:			
	☐ Natural Gas ☐ Electricity			
	☐ Other - please describe:			
6.	Please identify the person at your entity that an Illinois minority-owned business (MBE), business owned by women (WBE), business owned by veterans (VBE), business owned by persons with disabilities (DBE) or small business (SBE) that wants to do business with your entity should contact.			
	Chris Norris, cnorris@grandtowerec.com 618-565-8777			

7.	In calendar year 2017, did y ✓ Yes ☐ No	your entity satisfy t	he applicable	revenue criteria below?	
	delivery of 500,000 or rFor an alternative gas so or more dekatherms	nore kwh upplier or natural g	as cooperativ	tive electric supplier, sales or e, sales or delivery of 500,000 very of 500,000 or more kwh	
8.	In calendar 2017, did your entity track spending with, contracting with or procurement from MBEs, WBEs, VBEs, DBEs and/or SBEs? ☐ Yes ☒ No				
	•	5-117 of the Publi		o respond to the reporting t next year. (Note: 2018	
	Vendor surveys are being sent to all our vendors identifying these diversity categories. This information will be added to our accounting software, so that we can run a report at the end of the year that will give us the purchasing details to complete future reports.				
	IF YOUR ANSWER TO E HERE; OTHERWISE, PR			"NO", YOU MAY STOP	
9.	Total calendar year 2017 spending / total value of contracts with / total procurement from minority-owned businesses (MBEs), businesses owned by women (WBEs) businesses owned by veterans (VBEs), businesses owned by persons with disabilities (DBEs) and/or small businesses (SBEs):				
	(a) \$.00	Percent	tage of total:%	
	(b) Illinois totals (if tracked \$	·	Percent	tage of total:%	
10.	If your entity tracks spending	ng by type of busin	ess, please co	implete the table below:	
		Entity Totals			
	Vendor Classification	Spending		Percentage of Total	
	MBEs				
	WBEs				
	VBEs				
	DBEs				
	SBEs				

	Illinois Totals, if tracked	
Vendor Classification	Spending	Percentage of Total
MBEs		
WBEs		
VBEs		
DBEs		
SBEs		

 If you do not have Illinois-specific information, please state why:
11. Please state whether your entity has a plan to increase its contracting with, or procurement from, MBEs, WBEs, VBEs, DBEs and SBEs during the coming year:☐ Yes ☐ No
12. If you answered "yes" to Question 11, please describe your entity's plan.
13. Please state whether your entity has goals for contracting with, or procurement from, MBEs, WBEs, VBEs, DBEs and SBEs: ☐ Yes ☐ No
14. If you answered "yes" to Question 13, please describe your entity's plan, if any, to increase those procurement goals.
15. Please attach any rules, regulations, and definitions your entity uses to meet those procurement goals.
16. Please identify any areas of procurement or contracting in which your entity will actively seek more participation by MBEs, WBEs, VBEs, DBEs and SBEs.
17. Please describe any plan your entity has to encourage MBEs, WBEs, VBEs, DBEs and SBEs to submit bids or proposals in those areas.
18. Has your entity faced challenges in finding qualified MBEs, WBEs, VBEs, DBEs or SBEs to submit bids or proposals?
19. Please identify any suggestions your entity has regarding what the Illinois Commerce Commission can do to help you identify qualified MBEs, WBEs, VBEs, DBEs or SBEs.
20. Please identify any certifications of MBE, WBE, VBE, DBE or SBE status that your

21. Please identify any best practices your entity uses to encourage qualified MBEs, WBEs,

VBEs, DBEs or SBEs to submit bids or proposals.

entity recognizes.